

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E

1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> / <input type="text"/> / <input type="text"/> Through: <input type="text"/> / <input type="text"/> / <input type="text"/>
3. Name and address of person filing. Name <input type="text"/> <input type="text"/> <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	4. Name, file number, and address of labor organization. Name <input type="text"/> Labor Organization File Number <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>
5. Position in labor organization. <input type="text"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Cliff Little*

On

Date

Telephone Number

Name of Person Filing <i>Charles E. With</i>	File Number <b>U-</b>
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <i>Twin City Iron Workers Appr. &amp; Trng. Fund</i> Trade Name, if any: P.O. Box, Bldg., Room No., if any <i>Suite 500</i> Street <i>3001 Metro Drive</i> City <i>Bloomington,</i> State <i>MN</i> ZIP Code + 4 <i>55435-1412</i>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <i>Provides Apprentice Training &amp; Journeyman Upgrading Services</i> </div> 11.b. Approximate dollar value of such dealing. <i>\$300,000</i> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <i>Box Lunches provided in connection with attendance at the local and regional Joint Appr. Comm. Trustee Mtgs. on 1/28/04, 4/7/04, 4/15/04, 8/12/04, 9/29/04 &amp; 10/6/04</i> </div> 12.b. Amount. <i>\$50</i>

C. <b>Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Name of Person Filing <i>Charles E. With</i>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <i>Twin City Iron Workers Appr. &amp; Trng. Fund</i></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <i>Suite 500</i></p> <p>Street <i>3001 Metro Drive</i></p> <p>City <i>Bloomington</i></p> <p>State <i>MN</i> ZIP Code + 4 <i>55425-1412</i></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <p><i>Provides Apprentice Training &amp; Journeyman Upgrading Services</i></p> <p>11.b. Approximate dollar value of such dealing. <i>\$300,000</i></p> <p>12.a. Nature of interest held or income received.</p> <p><i>Reception &amp; Dinner provided in connection with attendance at Apprentice Graduation ceremonies on 4/30/04 &amp; 10/29/04, with daughter also attending.</i></p> <p>12.b. Amount. <i>\$104</i></p>

Name of Person Filing *Charles E. Witt*

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name *Twin City Iron Workers Fringe Benefit Funds*

Trade Name, if any:

P.O. Box, Bldg., Room No., if any *Suite 500*

Street *3001 Metro Drive*

City *Bloomington*

State *MN*

ZIP Code + 4 *55425-1412*

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

*Acts as ERISA Trust Funds for participants*

11.b. Approximate dollar value of such dealing.

*unknown*

12.a. Nature of interest held or income received.

*Box Lunches provided in connection with attendance at Twin City Iron Workers Fringe Benefit Funds Trustee mtg. on 2/10/04, 5/12/04, 7/20/04, 8/25/04 & 11/20/04*

12.b. Amount.

*\$50*

Name of Person Filing *Charles E. Witt*

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name *U.S. Bancorp Asset Management*

Trade Name, if any:

P.O. Box, Bldg., Room No., if any *U.S. Bancorp Ctr, BC-MN-HDSC*

Street *800 Nicollet Mall*

City *Minneapolis*

State *MN* ZIP Code + 4 *55402*

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name *Twin City Ironworkers Fringe Benefit Funds*

Trade Name, if any:

P.O. Box, Bldg., Room No., if any *Suite 500*

Street *3001 Metro Drive*

City *Bloomington*

State *MN* ZIP Code + 4 *55425-1412*

11.a. Nature of such dealing.

*Provides Investment Portfolio Management Services*

11.b. Approximate dollar value of such dealing.

*unknown*

12.a. Nature of interest held or income received.

*Lunch in connection with review of Trust Funds investment portfolios on 7/12/04*

12.b. Amount.

*#24*

Name of Person Filing <i>Charles E. With</i>	File Number U-
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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <i>Longfellow Investment Management Co.</i></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <i>295 Devonshire Street</i></p> <p>City <i>Boston</i></p> <p>State <i>MA</i> ZIP Code + 4 <i>02110-1266</i></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <i>Twin City Iron Workers Fringe Benefit Funds</i></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <i>Suite 500</i></p> <p>Street <i>3001 Metro Drive</i></p> <p>City <i>Bloomington</i></p> <p>State <i>MN</i> ZIP Code + 4 <i>55425-1412</i></p>	<p>11.a. Nature of such dealing.</p> <p><i>Provides Investment Portfolio Management Services</i></p> <p>11.b. Approximate dollar value of such dealing. <i>unknown</i></p> <p>12.a. Nature of interest held or income received.</p> <p><i>Lunch in connection with review of Trust Fund's investment portfolios.</i></p> <p>12.b. Amount. <i>\$ 20</i></p>

Name of Person Filing <i>Charles E. Witt</i>	File Number U-
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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <i>The Segal Company</i></p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any <i>Suite 750</i></p> <p>Street <i>6300 So. Syracuse Way</i></p> <p>City <i>Englewood</i></p> <p>State <i>CO</i> ZIP Code + 4 <i>80111-7302</i></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <i>Iron Workers Local 793 Trust Funds</i></p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any <i>P.O. Box 16200</i></p> <p>Street </p> <p>City <i>Phoenix</i></p> <p>State <i>AZ</i> ZIP Code + 4 <i>85011-6200</i></p>	<p>11.a. Nature of such dealing.</p> <p><i>Provides actuarial services to applicable Trust Funds</i></p> <p>11.b. Approximate dollar value of such dealing. <i>unknown</i></p> <p>12.a. Nature of interest held or income received.</p> <p><i>Meal provided in attendance with attendance at Iron Workers Local 793 Trust Funds Trustee mtg. on 7/16/04 in Bismarck, ND</i></p> <p>12.b. Amount. <i>\$25</i></p>

Name of Person Filing <i>Charles E. Witt</i>	File Number <i>U-</i>
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <i>US Bancorp Asset Management</i></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <i>US Bancorp Bldg. BC-MN-405B</i></p> <p>Street <i>800 Nicollet Mall</i></p> <p>City <i>Minneapolis</i></p> <p>State <i>MN</i> ZIP Code + 4 <i>55402</i></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <i>Iron Workers Local 793 Trust Funds</i></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <i>P.O. Box 16200</i></p> <p>Street <input type="text"/></p> <p>City <i>Phoenix</i></p> <p>State <i>AZ</i> ZIP Code + 4 <i>85011-6200</i></p>	<p>11.a. Nature of such dealing.</p> <p><i>Provides investment portfolio management services for applicable Trust Funds</i></p> <p>11.b. Approximate dollar value of such dealing. <i>unknown</i></p> <p>12.a. Nature of interest held or income received.</p> <p><i>Meal provided in connection with attendance at Iron Workers Local 793 Trust Funds Trustee mtg. on 7/16/04 in Bismarck, ND</i></p> <p>12.b. Amount. <i>\$39</i></p>



Name of Person Filing <i>Charles E. Witt</i>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <i>Iron Workers Local 793 Trust Funds</i></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <i>P.O. Box 16200</i></p> <p>Street <input type="text"/></p> <p>City <i>Phoenix</i></p> <p>State <i>AZ</i> ZIP Code + 4 <i>85011-6200</i></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <p><i>Acts as ERISA Trust Funds for participants</i></p> <p>11.b. Approximate dollar value of such dealing. <i>unknown</i></p> <p>12.a. Nature of interest held or income received.</p> <p><i>Box Lunch provided in connection with attendance at Iron Workers Local 793 Trust Funds Trustee mtg. on 10/23/04 in Bloomington, MN</i></p> <p>12.b. Amount. <i>\$10</i></p>

Name of Person Filing *Charles E. Witt*

File Number U-

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8. Name and address of Business (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing. 

12.a. Nature of interest held or income received.

12.b. Amount. 

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name *Great Lakes Fabricators & Erectors Ass'n.*Trade Name, if any: P.O. Box, Bldg., Room No., if any *Suite 1101*Street *1001 Woodward*City *Detroit*State *MI* ZIP Code + 4 *48226*

14.a. Nature of payment.

*Cocktail Reception in connection with Iron Workers Joint Tri-District Council Mtg. in Bellaire, MI on 7/7/04*13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

*\$25*